DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10016285 -1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original first and sole inventor lift.

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		ached hereto unless t		
() was filed on Number				International Application
				(if applicable).
micitioning the claims, disclose all information Foreign Application(s) and I hereby claim foreign prion inventor(s) certificate liste	, as amendo on which is dor Claim of Fority benefits and below and b	ed by any amendmen material to patentabi oreign Priority under Title 35, United Stat	it(s) referred to about the state of the sta	e above-identified specification ove. I acknowledge the duty to CFR 1.56. If any foreign application(s) for patent or patent or patent or inventor(s) certificate having
COUNTRY	The application	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
:			DATE FILED	
				YES: NO:
Provisional Application				YES: NO: NO:
hereby claim the benefit below:	I	5, United States Code Sec	tion 119(e) of any Unite	ed States provisional application(s) liste
	<u> </u>	T CICATION NOWIDER	FILING DATE	
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J. S. Priority Claim				
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10016285 -1

Full Name of # 2 joint inventor:	Memphis Zhihong Yin	Citizenship: CN					
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	M 19	(0/2/1/200)					
Inventor's Signature		Date L					
	V						
Full Name of # 3 joint inventor	Neal D Buchanan	Citizenship: US					
Residence:		eshire OR 97419					
Post Office Address:	Same as vesidence						
Inventor's Signature	XTV-	10.31.01					
inventor's Signature	* /	Date					
Full Name of # 4 joint inventor		Citizenship: US					
Residence:		orvallis OR 97330					
Post Office Address:	Same as residence	10/21/21					
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Full Name of # 5 joint inventor	••	Citizenship:					
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Post Office Address:							
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Full Name of # 6 joint invento	r:	Citizenship:					
Residence:							
Post Office Address:							
Inventor's Signature		Date					
Full Name of # 7 joint invento	or:	Citizenship:					
Residence:							
Post Office Address:							
Inventor's Signature		Date					
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Full Name of # 8 joint inventor	7K*	Citizenshíp:					
•	я:	Orazensnip.					
Residence:			······································				
Post Office Address:							
Inventor's Signature		Date					